## <u>PATEN</u>T APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE PATENT RANGE

re the Application of

ATTN:

Refund Section

Accounting Div. Office of Finance

Karine MARION

CO STIM 15 VON COLS

Application No.:

US PATENT & TRADEWARK Docket No.: 114120

Filed: October 30, 2003

For:

PROCEDE D'ELMINATION DU BIOFILM

10/695,823

## REQUEST FOR REFUND TO DEPOSIT ACCOUNT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Attached is a copy of a Monthly Statement of Deposit Account (dated October, 2003 and November, 2003) showing a charge of \$54.00 and \$145.00 related to the abovereferenced application. This charge is marked with Fee Codes 2202 and 2203, which are the Patent Office Fees for multiple dependent claims and extra claims. However, this Non-Provisional application claims priority from Provisional Application No. 60/422,508 filed October 31, 2002. When this Non-Provisional Application was filed on October 30, 2003, it was filed in French with an English Translation of the Provisional Application, not the Non-Provisional Application. It is not necessary to pay for multiple dependent claims and extra claims when filing a translation of the Provisional Application.

Accordingly, it is respectfully requested that this charge be re-credited to Deposit Account No. 15-0461 and that the Patent Office acknowledge this credit in writing.

In Addition, this application should receive a Notice to File Missing Parts requiring submission of the Declaration and an English Translation of the Non-Provisional Application.

Respectfully submitted,

William P. Berridge Registration No. 30,024

Thomas J. Pardini Registration No. 30,411

WPB:TJP/mlo

Date: November 19, 2003

OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, Virginia 22320 Talanhama: (702) 024 4400

DEPOSIT ACCOUNT USE **AUTHORIZATION** Please grant any extension necessary for entry;

**Deposit Account Statement** 

PATENT MAINT TRANCE

3 HOV 21 PM 10 00

US PATENT & THELEROOK OFFICE

**Requested Statement Month:** 

**Deposit Account Number:** 

Name:

Attention: Address:

City:

State: Zip:

November 2003

150461

OLIFF & BERRIDGE P L C

**BARBARA WATTS** 

277 SOUTH WASHINGTON STREET **ALEXANDRIA** 

VA

22314

**ATTORNEY POSTING** DATE SEQ

**DOCKET REF TXT NBR** 

FEE CODE

**AMT** 

114120 11/04 2 2202 10695823 \$54.00

## PATENT MAINTENANCE DIMENT

## **Deposit Account Statem nt**

Requ sted Statement M nth:

October 2003

7M3 MOV 21 FT 10: 03

**Deposit Account Number:** 

150461

US PATENT & TRE-DULLIEUX OFFICE

Name:

OLIFF & BERRIDGE P L C

Attention:

**BARBARA WATTS** 

Address:

277 SOUTH WASHINGTON STREET

City:

ALEXANDRIA

State:

VA

Zip:

22314

DATE SEQ

POSTING

**REF TXT** 

ATTORNEY DOCKET

FEE CODE

AMT

10/31

162 10695823

114120

**NBR** 

2203

\$145.00